

## General

### Title

Assessment and management of chronic pain: percentage of patients diagnosed with chronic pain who are prescribed an opioid at a dose less than 100 mg per day of morphine.

### Source(s)

Hooten WM, Timming R, Belgrade M, Gaul J, Goertz M, Haake B, Myers C, Noonan MP, Owens J, Saeger L, Schweim K, Shteyman G, Walker N. Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Nov. 105 p. [168 references]

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is used to assess the percentage of patients age 18 years and older diagnosed with chronic pain who are prescribed an opioid at a dose less than 100 mg per day of morphine.

### Rationale

The priority aim addressed by this measure is to improve the effective use of opioid medications in the treatment of patients age 18 years and older with chronic pain.

Medications are not the sole focus of treatment in managing pain. They should be used when needed to meet overall goals of therapy in conjunction with other treatment modalities: psychosocial and spiritual management, rehab and functional management, non-pharmacologic and complementary medicine, and intervention management. Pharmacotherapy may include agents to treat specific types of pain, such as neuropathic pain, or adjunctive therapies to treat other comorbidities such as depression and anxiety.

Use of medications, therefore, should be directed not just toward pain relief, but for increasing function and restoring overall quality of life.

Although most opioids are not known to work through antineuropathic mechanisms, they are nevertheless potent analgesics. They have a role in reliable patients when other measures fail. Careful patient selection is critical to success with long-term opioid therapy.

Opioid doses should be titrated up until there is adequate pain relief, but generally not exceeding doses equivalent to morphine 100 mg/day. Rapid escalation of dose or use of higher doses may be a marker for a substance abuse disorder, and high doses are more likely to induce hyperalgesia and possibly immunosuppression (Chou et al., 2009).

## Evidence for Rationale

Chou R, Fanciullo GJ, Fine PG, Adler JA, Ballantyne JC, Davies P, Donovan MI, Fishbain DA, Foley KM, Fudin J, Gilson AM, Kelter A, Mauskop A, O'Connor PG, Passik SD, Pasternak GW, Portenoy RK, Rich BA, Roberts RG, Todd KH, Miaskowski C, American Pain Society-American Academy of Pain Medicine Opioids Guidelines Panel. Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. J Pain. 2009 Feb;10(2):113-30. [PubMed](#)

Hooten WM, Timming R, Belgrade M, Gaul J, Goertz M, Haake B, Myers C, Noonan MP, Owens J, Saeger L, Schweim K, Shteyman G, Walker N. Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Nov. 105 p. [168 references]

## Primary Health Components

Chronic pain; opioids; morphine

## Denominator Description

Number of patients age 18 years and older diagnosed with chronic pain and prescribed an opioid (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Number of patients diagnosed with chronic pain who are prescribed an opioid at a dose less than 100 mg per day of morphine

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

### Additional Information Supporting Need for the Measure

Chronic pain affects at least 50 million adults a year. Prevalence in primary care settings range from 5% to 33% and often imposes upon clinicians the responsibility of managing a substantial disability that can be exacerbated by a patient's distress. Due to its prevalence, the cost of chronic pain is substantial; it has been estimated at \$70 billion per year. Chronic pain has the ability to disable and significantly

decrease the quality of life for the individual and his or her support systems; the financial and personal cost to those who are affected by chronic pain is significant (Reid et al., 2002; Olsen & Daumit, 2002).

## Evidence for Additional Information Supporting Need for the Measure

Hooten WM, Timming R, Belgrade M, Gaul J, Goertz M, Haake B, Myers C, Noonan MP, Owens J, Saeger L, Schweim K, Shteyman G, Walker N. Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Nov. 105 p. [168 references]

Olsen Y, Daumit GL. Chronic pain and narcotics: a dilemma for primary care. J Gen Intern Med. 2002 Mar;17(3):238-40. [PubMed](#)

Reid MC, Engles-Horton LL, Weber MB, Kerns RD, Rogers EL, O'Connor PG. Use of opioid medications for chronic noncancer pain syndromes in primary care. J Gen Intern Med. 2002 Mar;17(3):173-9. [PubMed](#)

## Extent of Measure Testing

Unspecified

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Ambulatory/Office-based Care

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

### Statement of Acceptable Minimum Sample Size

Unspecified

## Target Population Age

Age greater than or equal to 18 years

## Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Living with Illness

## IOM Domain

Effectiveness

# Data Collection for the Measure

## Case Finding Period

The time frame pertaining to data collection is monthly.

## Denominator Sampling Frame

Patients associated with provider

## Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

### Inclusions

Number of patients age 18 years and older diagnosed with chronic pain and prescribed an opioid

Note: Diagnoses that may be related to chronic pain include cervical and lumbar pain, headache, myalgia and myositis, low back pain, neck pain and fibromyalgia. Refer to the original measure documentation for suggestions on identifying other International Classification of Diseases, Ninth Revision or Tenth Revision (ICD-9/ICD-10) codes.

### Exclusions

Unspecified

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Number of patients diagnosed with chronic pain who are prescribed an opioid at a dose less than 100 mg per day of morphine

### Exclusions

Unspecified

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Electronic health/medical record

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

Unspecified

## Computation of the Measure

## Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Percentage of patients diagnosed with chronic pain who are prescribed an opioid at a dose less than 100 mg per day of morphine.

### Measure Collection Name

Assessment and Management of Chronic Pain

### Submitter

Institute for Clinical Systems Improvement - Nonprofit Organization

### Developer

Institute for Clinical Systems Improvement - Nonprofit Organization

### Funding Source(s)

The Institute for Clinical Systems Improvement's (ICSI's) work is funded by the annual dues of the member medical groups and five sponsoring health plans in Minnesota and Wisconsin.

### Composition of the Group that Developed the Measure

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## Financial Disclosures/Other Potential Conflicts of Interest

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Where there are work group members with identified potential conflicts, these are disclosed and discussed at the initial work group meeting. These members are expected to recuse themselves from related discussions or authorship of related recommendations, as directed by the Conflict of Interest committee or requested by the work group.

The complete ICSI policy regarding Conflicts of Interest is available at the [ICSI Web site](#) .

### Disclosure of Potential Conflicts of Interest

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National, Regional, Local Committee Affiliations: None

Guideline Related Activities: Mayo Clinic Diabetic Neuropathy Pain guideline

Research Grants: Money paid directly to institution from Rummler Foundation

Financial/Non-Financial Conflicts of Interest: Money paid previously by Purdue Pharma directly to work group member

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Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities: ICSI Low Back Pain guideline work group member, Mayo Clinic Diabetic Neuropathy Pain guideline work group member

Research Grants: Rummler Hope Foundation money paid to institution for opioid addiction awareness

Financial/Non-Financial Conflicts of Interest: Purdue Pharma money paid to work group member and institution

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Research Grants: None  
Financial/Non-Financial Conflicts of Interest: None

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Research Grants: None  
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Guideline Related Activities: None  
Research Grants: None  
Financial/Non-Financial Conflicts of Interest: None



## Adaptation

This measure was not adapted from another source.

## Date of Most Current Version in NQMC

2013 Nov

## Measure Maintenance

Scientific documents are revised every 12 to 24 months as indicated by changes in clinical practice and literature.

## Date of Next Anticipated Revision

The next scheduled revision will occur within 24 months.

## Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in January 2016.

## Measure Availability

Source available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#)

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## NQMC Status

This NQMC summary was completed by ECRI Institute on May 28, 2014.

The information was reaffirmed by the measure developer on January 13, 2016.

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## Production

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